

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SUN PAC**A.**Full Name (Last, First, Middle Initial)  
NRCCMailing Address c/o Danielle James  
320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEECategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: ANNUAL/OTHER

Transaction ID: 81017.E1466

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Amount of Each Disbursement this Period

10000.00

DIRECT CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
Rely on Your Beliefs Fund (ROYB Fund)

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
: STOP PAYMENTCandidate Name  
RELY ON YOUR BELIEFS FUNDCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: ANNUAL/OTHER

Transaction ID: 81017.E1477

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Amount of Each Disbursement this Period

-2500.00

: STOP PAYMENT

**C.**Full Name (Last, First, Middle Initial)  
Keystone FundMailing Address 501 Capitol Court NW  
Suite 100

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
KEYSTONE FUND;THECategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: ANNUAL/OTHER

Transaction ID: 81017.E1492

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....